

January, 2005

Montana Medicaid Notice

Targeted Case Management Providers

Medicaid Reimbursement for Only One TCM Provider

The Centers for Medicare and Medicaid Services have made it clear to the Department of Public Health and Human Services that Medicaid should reimburse for the services of one targeted case management (TCM) provider. There are situations where a Medicaid eligible individual meets the criteria for more than one target group. The individual chooses which provider will serve as the TCM provider billing Medicaid.

"Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose".

This language is in every Montana State Plan for TCM services and has been approved by the federal government. **Based on the choice by the Medicaid eligible individual and discussions with TCM providers**, the TCM providers and the individual are to collaborate at the local level to determine the primary TCM provider.

The Department has formed a work group to look at the issues related to TCM services. In addition to the topic listed above, the work group is reviewing the rates paid for TCM services; documentation requirements; definition of services and over-all continuity of care.

ACS is in the process of updating the provider manual for targeted case management (TCM) services. The TCM manual should be released in the next couple of months. In the interim, this notice provides information about TCM service and documentation requirements.

Definition: Case management is an activity which assists an individual eligible for Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of the individual. Case management services are referred to as targeted case management services when the services are not furnished in accordance with Medicaid statewideness (e.g. available in certain geographic areas) or comparability requirements (e.g. available to individuals in a defined "target group" identified by age, type or degree of disability, illness or condition or any other identifiable characteristic).

Currently, Montana Medicaid has the following targeted groups:

- Children with special health care needs;
- Children at risk of abuse and neglect;
- Children with serious emotional disturbance;
- Individuals with Developmental Disability age 16 and over;
- Adults with severe disabling mental illness;

- High risk pregnant women; and
- Individuals with chemical dependency.

The Core Activities of TCM Services

1. **Assessment.** This component includes activities that focus on needs identification with regard to determining a need for any medical, educational, social and other services. (Helpful Hint: When assessing an individual's need for services includes a physical or psychological examination or evaluation, the examination or evaluation must be billed under the appropriate medical service category and not as a TCM service. The referral to a provider to render such services is a TCM service).
2. **Care Planning (also referred to as the case plan for TCM services).** This component builds on the information collected through the assessment process and identifies a course of action to respond to the assessed needs of the Medicaid eligible individuals. (Helpful Hint: The goals and actions in the care plan should address medical, social, educational and other services needed by the Medicaid eligible individual).
3. **Referral and Linkage (and Advocacy).** This component includes activities that help link Medicaid eligible individuals with medical, social, educational providers and/or other programs and services capable of providing needed services. (Helpful Hint: The referrals tie back to the needs identified in the care plan).
4. **Monitoring/Follow-Up.** This component includes activities and contacts that are necessary to ensure the care plan is effectively implemented and adequately addressing the needs of the Medicaid eligible individual. (Helpful Hint: Monitoring is necessary to determine whether services are being furnished in accordance with the care plan and if those services are adequately meeting the needs of the Medicaid eligible individual. Adjustments to the care plan may be necessary.).

Documentation Requirements

Documentation must clearly demonstrate that services were provided to Medicaid eligible individuals. Each TCM service billed to Medicaid must have the following documentation:

- Date of service;
- Name of Medicaid eligible individual;
- Name of provider agency and person providing the service;
- Nature, extent or units of service, and
- Place of service.

Best practices include case notes that detail every encounter with the Medicaid individual or on behalf of the individual; an assessment that defines the need for medical, social, educational and other services; a care plan defining the course of action to respond to the assessed needs of the individual; and reviews, reports or notes documenting the delivery of TCM services and progress toward the goals of the care plan and any subsequent changes to the care plan.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

Visit the Provider Information website:

<http://www.mtmedicaid.org>